

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. 16,686
)
Appeal of)

INTRODUCTION

The petitioner appeals the decision by the Department of PATH denying her application for Vermont Health Access Program (VHAP) benefits for her husband because he has other insurance which covers both doctors and hospitals.

FINDINGS OF FACT

1. The petitioner and her husband have one child, and the petitioner is pregnant with another. She and her child are eligible for Medicaid. The petitioner's husband is a twenty-seven-year-old medical student who is currently covered under a health program provided by his medical school. The \$600 cost of the program is deducted from his financial aid package.

2. The school's medical coverage program is mandatory for students unless other coverage is available. As of September 30, 2000, the petitioner's husband was required to pay for and keep this medical coverage for the duration of the school year.

3. The petitioner's husband maintains that it is a financial hardship for him to purchase the school's insurance program, and that he should have been found eligible for VHAP

when he applied in August 2000, before he had to commit to the school's program. The Department denied his VHAP application at that time because he had the other insurance available to him as a student.

ORDER

The decision of the Department is affirmed.

REASONS

VHAP (the Vermont Health Access Plan) was created for the purpose of "providing expanded access to health care benefits for uninsured low-income Vermonters." WAM § 4000. In order to be eligible, an individual must meet several eligibility requirements, including the following:

Uninsured or Underinsured

An individual meets this requirement if he/she does not qualify for Medicare, does not have other insurance that includes both hospital and physician services, and did not have such insurance within the 12 months prior to the month of application. The requirement that the applicant not have had such insurance during this 12-month period is waived if the department has agreed to pay all costs of insurance because it is found it is cost-effective to do so or if the individual lost access to employer-sponsored insurance during this period because of:

- (a) loss of employment, or
- (b) death or divorce, or

- (c) loss of eligibility for coverage as a dependent under a policy held by the individual's parent(s).

. . .

WAM 4001.2

The petitioner currently has insurance that includes both hospital and physician services. As such, he is clearly ineligible for VHAP at this time. The unanswered question for the petitioner is whether or not he would be eligible for VHAP if he could drop his present insurance coverage sometime in the future. Although this raises a legal issue that might not be settled, as it stands now, he has insurance and the Department was correct in denying him VHAP coverage under its regulations; and this decision must be upheld by the Board. 3 V.S.A. § 3091(d), Fair Hearing Rule No. 17.

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